U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-	2. Fiscal Year Covered From
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and εddress of labor organization.
Name JOHN R ASHLEY	Name PLUNBERS LOCAL 3
	Labor Organization File Number 023-480
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and R≎≎m Number, if any
Street 17100 E. 32ND PLACE	Street 17100 E. 32ND PLACE
City AURORA	City AURORA
State Colorado ZIP Cods + 4 80011	State Colorado ZIP Code + 4 80011
5. Position in labor organization. FINANCIAL SECRETARY-TREASURE	R
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Coda + 4	
Sigr	nature
15. Signature and verification. The undersigned declares, under penalty of	
	ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing JOHN ASHLEY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization rapresents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name DENVER PLUMBERS JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 17100 E. 32ND PLACE City AURORA State Colorado ZIP Code + 4 80011 10. If 9.b. or 9.c. is checked give trust or employer's name. Name DENVER PLUMBERS JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 17100 E. 32ND PLACE City AURORA State Colorado ZIP Code + 4 80011	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. INSTRUCTOR TRAINING 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. PER DIEM AND WAGES FOR 1 WEEK OF INSTRUCTOR TRAINING REIMBURES RENTAL CAR EXPENSE FOR SAME
	12.b. Amount. \$2,055
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.

14.b. Amount of payment.

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. is the Business an Employer

ZIP Code + 4

or Consultant

?

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose emptoyees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name PIPE INDUSTRY HEALTH & WELFARE FUND a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 2821 SOUTH PARKER City AURORA State Colorado ZIP Code + 4 80014 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employe.'s name. TRUSTEES MEETING JINCH Name PIPE INDUSTRY HEALTH & WELFARE FUND Trade Name, if any: P.O. Box, 8ldg., Room No., if any Street 2821 SOUTH PARKER 11.b. Approximate dollar value of such dealing. City AURORA 12.a. Nature of interest held or income received. JAN 2004 BREAKFAST & LUNCH 35.00 State Colorado ZIP Code + 4 80014 MAR 2004 SAME 36.00 MAY 2004 SANE 32.00 JULY 2004 SAME 40.00 SEPT 2004 SAME 35.00 NOV 2004 SAME 12.b. Amount. \$216

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Coda + 4		
13.b. Is the Business an Employer	or Consultant	14.b. Amount of payment,	· · · · · · · · · · · · · · · · · · ·

Name of Person Filing JOHN ASHLEY	File Number U-
B. Held an interest in or derived income or economic benafit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business: rety seeking to represent, cr irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name CONTRACTING ADMINISTRATION FUND OF COLORADO Trade Name, if any: C.A.F. P.O. Box, Bldg., Room No., if any STE 230 Street 4800 HAPPY CANYON RD. City DENVER State Colorado ZIP Coda + 4 80237	9. Business deals with: a. Labor Organization b. Trust C. Employer
10. If 9.b. or 9.c. is checked give trust or employe: s name. Name MAC TERRY Trade Name, if any: C.A.F. P.O. Box, Bkdg., Room No., if any	11.a. Nature of such desing. LABOR RELATIONS MESTINGS
Street SAME City State Colorado ZIP Cods + 4 80237	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest hald or income received. JULY 14, 2004 LUNCH - GOLF 65.00

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZiP Coda + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

12.b. Amount.

\$65